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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/564,320	
	Filing Date	10 January 2006	
	First Named Inventor	SLETTAOYEN, Odd	
	Art Unit	1791	
	Examiner Name	HUSON, Monica Anne	
Total Number of Pages in This Submission	16	Attorney Docket Number	ZCO.314

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - Request for Continued Examination
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Remarks </div> <div style="width: 70%;"> Applicant herewith submits an Amendment responding to the Office action mailed 31 Mar 09. Applicant concurrently submits a Petition for Extension of Time and a Request for Continued Examination and pays the \$130 one-month EOT fee and the \$810 RCE fee via our deposit account number 11-1540 and EFS-WEB. Please charge any additional fees required, or credit any overpayments, to our deposit account number 11-1540. </div> </div>		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Kolisch Hartwell, PC, 520 SW Yamhill Street, Suite 200, Portland, Oregon 97204-1324	
Signature	/ Anton E. Skaugset /	
Printed name	Anton E. SKAUGSET	
Date	31 July 2009	Reg. No. 38,617

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Signature	/ Stephen R. Pendleton /		
Typed or printed name	Stephen R. PENDLETON	Date	31 July 2009

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